

FORM  
5

Rev  
02/08

## State of Colorado

### Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:

400550045

Date Received:

### DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 100322

4. Contact Name: EILEEN ROBERTS

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-37565-00

6. County: WELD

7. Well Name: Wells Ranch AA

Well Number: 26-64-1HN

8. Location: QtrQtr: NWSW Section: 25 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 1749 feet Direction: FSL Distance: 153 feet Direction: FWL

As Drilled Latitude: 40.454961 As Drilled Longitude: -104.394108

#### GPS Data:

Data of Measurement: 11/27/2013 PDOP Reading: 2.1 GPS Instrument Operator's Name: Brandi Bingham

\*\* If directional footage at Top of Prod. Zone Dist.: 1615 feet. Direction: FSL Dist.: 809 feet. Direction: FEL

Sec: 26 Twp: 6N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 1666 feet. Direction: FSL Dist.: 151 feet. Direction: FWL

Sec: 26 Twp: 6N Rng: 63W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 10/06/2013 13. Date TD: 10/13/2013 14. Date Casing Set or D&A: 10/14/2013

#### 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 11483 TVD\*\* 6712 17 Plug Back Total Depth MD 11459 TVD\*\* 6712

18. Elevations GR 4790 KB 4814

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

#### 19. List Electric Logs Run:

CBL/Mud/Gamma

#### 20. Casing, Liner and Cement:

### CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26+0/0	14+0/0	113	0	124	72	0	124	VISU
SURF	13+3/4	9+5/8	36.00	0	940	551	0	940	VISU
1ST	8+3/4	7+0/0	26.00	0	6,979	575	780	6,979	CALC
1ST LINER	6+1/8	4+1/2	11.60	6881	11,468	0			

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	2,848		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,566		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,402		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,984		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,553		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Eileen Roberts

Title: Regulatory Specialist

Date: \_\_\_\_\_

Email: eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400550226	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400550230	Directional Survey **	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Other Attachments</u>		
400550205	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400550232	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400550594	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400550596	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400550601	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400550604	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400550607	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400550608	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400550610	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)